Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



Refer to:

March 18, 2003

Melanie Bella, Assistant Secretary Indiana Family and Social Services Administration Office of Medicaid Policy and Planning 402 W. Washington Indianapolis, Indiana 46204-2243

Dear Ms. Bella:

I am pleased to inform you that your request to renew Indiana's home and community based services (HCBS) waiver for Individuals with Traumatic Brain Injury (TBI) has been approved. The waiver provides HCBS to aged and disabled persons with traumatic brain injuries as authorized under the provisions of Section 1915(c) of the Social Security Act. This waiver renewal has been assigned control number 40197.R1 and this number should be used in all subsequent correspondence.

Specifically, the State will provide the following services as part of its 1915(c) waiver renewal: case management, homemaker services, respite care, adult day services, habilitation services including residential based habilitation, structured day program and supported employment services, environmental modifications, health care coordination, transportation, specialized medical equipment and supplies, personal emergency response systems, extended State plan services including physical therapy services, occupational therapy services, speech, hearing and language services, behavior management/behavior program and counseling.

We have reviewed the renewal application and find that the request conforms to the applicable laws, regulations, and policies under Title 19 of the Social Security Act. I am approving the State's request for the period effective January 1, 2003 through December 31, 2007. This approval is subject to the State's agreement to provide HCBS to no more individuals than those indicated as the "C" value in the State's approved per capita expenditure estimates. The following estimates of utilization and cost of waiver services have been approved:

YEAR	FACTOR C	FACTOR D
Year 1	200	\$16,360
Year 2	200	\$18,950
Year 3	200	\$19,689
Year 4	200	\$20,137
Year 5	200	\$20,433

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We appreciate the cooperation and effort provided by you and your staff which made this approval possible. If you have any questions about the waiver renewal, please contact Ms. Leslie N. Campbell at (312) 353-1557.

Sincerely,

/s/ David Dupre Acting Regional Administrator